4 2

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1330

**CERTIFICATE OF DEATH** 

Ban	Dist.	81-
weg.	DIST.	INO.

1. PLACE OF DEATH 0. COUNTY	ARYLAND O. STATE	Where deceased lived. If institution b. COUNTY	an: Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	TAY IN 16 c. CITY OR TOWN (IF	worcester outside carporote limits, write R	URAL and give nearest town)
Pocomoke City	Pocomoke	City 42	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	4	e. IS RESIDENCE
OR INSTITUTION Home	8 .6th		ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Anthony Paulus	Archer Lost	4. DATE Mon OF DEATH Januar	1= 50
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	100 7 100 0	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKED [] TELEK MA	RCED April 11,189	lgst birthday)	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES	S OR INDUSTRY 11. BIRTHPLACE (Stot	le or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Choper  Barrels	Marylan	nd	U.S.A.
GOODET DATTOLS.  13. FATHER'S NAME	14. MOTHER'S MAIDEN		000000
Daniel H. Archer	Emma	Purnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT	Add	ress
W.W.1 (If yes, give wor or dates of service) Army 217-12-9608	8 James Archer	,8.6 th Street	et, Pocomoke City
18. CAUSE OF DEATH [Enter only one cause per line for (a), (y), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  44444 X DUE TO	Pulmonary	Edema	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate couse (a), stating the under	stwe Heart	tailure	9 note
lying cause last. (c) Cossent	ral Hyperter	usion '	15yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO V
	Y OCCURRED. (Enter nature of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at wark	20e. PLACE OF INJURY (Home, for factory, street, affice bldg., et	rm, 20f. (City ar town)	(County) (Slate)
21. I certify that lattended the deceased fram. I alive an, 19, and the	nat death accurred at 3 30		
SIGNATURE Colect a Tim	energo. 801-	4 st, locom	she , hd 1/17/50
PHYSICIAN'S CECIL A-DUVE	FRNEY		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OR CREMATORY	22d. LOCATION (City, tawn, o	or county) (State)
Burial 1/20/59 Home Be	nf.Cem.	Stockton, Ma	
23. FUNERAL DIRECTOR'S SIGNATURE) ADDRESS	00 0 1	02100	STRAR'S SIGNATURE
Clipter Wherlow - how	hurch, Ca DATE J	AN 23 '59 Ch	thur S. Krama

TO FUNERAL DIRECTARIES After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be derected far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hayrs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 VS A15 (4) 15M 10/57

HEART SO STADRINGS the state of the s Acres Sent Seek 239 35 9 3 9

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## 1339

## CERTIFICATE OF DEATH

1.13°13'A	Cy .		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY WORCESTER	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STATE b. C.	institution: Residence before admission) OUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	oddress)	A. STREET ADDRESS N. MAIN ST	Is residence     On a farm?     Yes    No
NAME OF DECEASED (Type or print) RUBY	BELL B	RADFORD 4. DATE OF DEATH	Month Day Year  JAN 22 1959
5. SEX   6. CÓLÓR OR RACE  7. MARR WIDOWE	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH FBB. 6, 1884 9. AGE (In lost birth)	hdoy) Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEVIFE	VYN Hame	NEWARK MO	12. CITIZEN OF WHAT COUNTS
JAMES BUTLER		CHARLOTTE H	DLLAND.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17.	1155 BRENDA BRA	D FORD BERLIN, I
3 3 / X  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost.	terio Schinos	is	2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTR	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item	18.)
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 of work	_ Not while _ f	LACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State
21. I certify that I attended the decease alive on 2.3. 19.4.	- 0	n occurred at 1115 A My from the co ADDRESS (Street, city o	
PHYSICIAN'S N. R. THONAS	)	CRANCITY	1, Md1
220. BURIAL, CREMATION, 276. DATE THEREOF, REMOVAL (Specify)	GARDEN 01	: MEMORIES NEW	town, or county) (Stote) ARIT D
23. FUNERAL DIRECTOR'S SIGNATURE BULLOS	ADDRESS Page	DATE AN 2 7 159	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained to be possible to other this certificate has been signed by the otherding physician and campletely filled in by the page 3 shauld be actached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

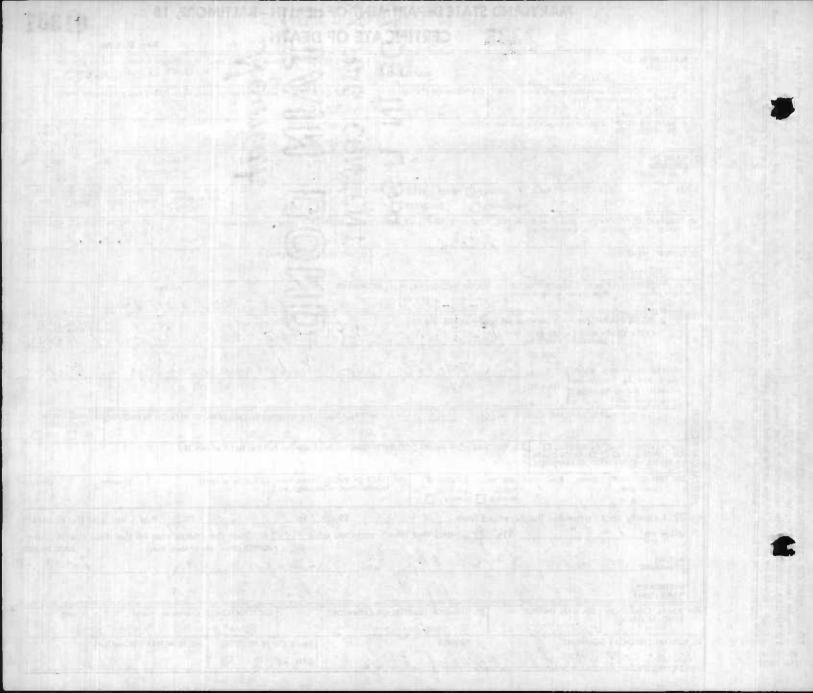
HICATE OF DEATH	CEPT	
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		THE PARTY NAMED IN
	THE SAN	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1333 CERTIFICATE OF DEATH

01331

				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Worcester	MARYLAND 2.	usual residence (when state ryland	re deceased lived. If institu b. COUNT		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Berlin			itside corporate limits, write	RURAL ond give neo	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Berlin Maryland	/	Berlin N	aryland		ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ISAAC	Middle H. Ci	ippen cippen	OF -	uary 2	5 1959
6. COLOR OR RACE 7. MARRIED NEVE	3.0	ATE OF BIRTH 22, 188	9. AGE (In years last birthday)	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most af warking life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole of Maryland		U.S.	A.
Embrose Crippen	14	. MOTHER'S MAIDEN NA	unknown		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unknown) (If yes, give wor or dates of service) 215–36–	4 F ( D ) TT = 7 "	MANT Len Crippe		Maryland	
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	certens	re Pardu	razular U	Swine	Vyr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	G TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION G	IVEN IN PART 1(a) 19	. WAS AUTOPSY PERFORMED? YES NO [
	NJURY OCCURRED. (Er	iter nature of injury in Po	ort I or Part II of item 18.)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCU Haur a. m. While Not wh p. m. 19 of work of work	ile factory,	OF INJURY (Hame, farm, street, affice bldg., etc.)	20f. (City or tawn)	(County)	(State)
21. I certify that I attended the deceased from alive an 1-25, 1959, and ACTUAL SIGNATURE			M, from the causes/ DDRESS (Street, city or town  Ciny, MA		
PHYSICIAN'S NAME (Type) 1004 U- SUIL	14. Jr	Ben	1100,119	7	
REMOVAL (Specify)	of CEMETERY OR CRE	MATORY	22d. LOCATION (City. town, Berlin	30 7	(State) nd
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES	y midi	24a. REC'D		Inthun & Kray	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dish No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, withe RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits write RORAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type of print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 8. PATE OF PLATE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HA last birthday) Months Days WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13-FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH [Enter only one cause per line for (o) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part of Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o. m. While factory, street, office bldg., etc.) Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and find that death resulted from: Natural causes A. Accident . Suicide, Homicide, Undetermined cause. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LQCATION (City, lown, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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MA DE	MES DECEMBE		
	or set	No. Evel	

1. PLACE OF DEATH  O. COUNTY  WOrcester  MARYLAND  D. COUNTY  Worcester  MARYLAND  D. COUNTY  Worcester  MARYLAND  D. COUNTY  Worcester  Maryland  And  Maryland  C. EMOTHO 65 STAY IN 16  C. COUNTY  Worcester  Maryland  C. EMOTHO 65 STAY IN 16  C. COUNTY  Worcester  Maryland  C. EMOTHO 65 STAY IN 16  C. COUNTY  Worcester  Maryland  C. COUNTY  Worcester  A Weaks  R.F.D. #2  R.F.D. #2  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  R.F.D. #2  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  R.F.D. #2  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  R.F.D. #2  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  R.F.D. #2  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress)  NAME OF BOSSITAL (If not in hospicity). Dire street oddress. Direct of Name		10	35	CERTIFIC	AIE OF	EAII			Reg. I	Dist. No	<b>.</b>	
WOTCESTET  MARYLAND  LOUIS COUNTY IS southed copporate limits, write a LENGTH OF STAN IN 16  RURAL - POCOMOKE CITY 3 WEAKS  A COLOR OF COUNTY IS CONTROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE BLANDERS OF THE STAN IN 16  ROLLED TO BE THAT THE STAN IN 16  ROLLED TO BE THAT THE STAN IN 16  ROLLED TO BE THAT THE STAN IN 16  ROLLED TO BE THE STAN IN 16  ROLLED TO BE THAT THE STAN IN 16  ROLLED TO BE THE STAN IN 16  ROLLED TO BE THAT THE STAN IN 16  ROLLED TO BE THE STAN IN 16  ROLLED TO STAN IN 16  R	1. PLACE OF DEATH				2. USUAL RESI	DENCE (WI	here deceased		on: Resid	ence befo	ore admiss	sion)
RUTAL - POCOMOKE CITY 3 WEEKS   RUTAL - POCOMOKE CITY    d. NAME OF HOSPITAL (If not in hospital, pive street oddress)    d. STREET ADDRESS   A. STREET ADDRESS    A. STREET ADDRESS   A. STREET ADDRESS    A. STREET ADDRE	d. COONT	Worcester		MARYLAND		aryla	and	b. COUNTY	Wor	rces	ter	
A. NAME OF HOSPITAL (He not hospital, give sivere address)  A. NAME OF HOSPITAL (He not hospital, give sivere address)  R. F. D. #2  3. NAME OF HOSPITAL (He not hospital, give sivere address)  R. F. D. #2  3. NAME OF HOSPITAL (He not hospital, give sivere address)  R. F. D. #2  3. NAME OF HOSPITAL (He not hospital, give sivere address)  R. F. D. #2  3. NAME OF HOSPITAL (He not hospital, give sivere address)  R. F. D. #2  3. NAME OF HOSPITAL (He not hospital)  B. HOWARD OF ARTH JANUARY 15 19 509  S. SEX  6. COLOR OR RACE (7. MARRIED NEVER MARRIED DEC. 23, 1879 7)  S. SEX  6. COLOR OR RACE (7. MARRIED NEVER MARRIED DEC. 23, 1879 7)  Address  Female  White widowed Divorced Divorced Dec. 23, 1879 7, Address  Female White widowed of work down low. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke or fareign country)  HOUSE WIT TO THE SEX NAME  14. MOTHERS MARRIED NAME  Mary Etta Gibbons  15. WAS DECRASDED IN IN S. ARMED FORES? (16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH (Enve only one course pay line for (o), (b) and (o) 19 10 10 10 10 10 10 10 10 10 10 10 10 10			s, write c.	LENGTH OF STAY IN 16	c. CITY OR	OWN (IF	outside corpo	rate limits, write R	URAL one	d give ne	arest town	n)
OR INSTITUTION  R.F.D. #2  R.F.D. #2  R.F.D. #2  R.F.D. #2  R.F.D. #2  Non A FARMY DECRASED POECASED (Pipe or print)  HATTIE B. Holds  HOWARD  BECASED (Pipe or print)  B. DATE OF BIRTH DOLL STATE  P. AGE (In year) Sold Builded State Stat			City	3 weeks	× R	ural	- Po	comoke	City	7		
R.F.D. #2  R.A.B. #2	d. NAME OF HOS OR INSTITUTION	PITAL (If nat in haspital, gi	ve street addr	ess)							e. IS RES	IDENCE FARM?
DECRESSED  If (Type or print)  HATTIE  B. HOWARD  DEAN  JANUARY  15 19 59  5. SEX  O. COLOR OR RACE  7. MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. DEC. 23, 1879  P. AGE (In year)  15 UNDORS LYLLAGE (Stole or foreign country)  TO yrs.  100. USUAL OCCUPATION (Give kind of work done)  douring, most of working life, even if relired)  HOUSEWITE  D. STATHER'S NAME  JOHN  MITTE  10. SUSHAL OCCUPATION (Give kind of work done)  IND. USUAL OCCUPATION (The service)  IND. WAS DUCKES BY IND. S. ARMED FORCES?  IND. SOCIAL SECURITY NO.  IV. INFORMANT  Address  W. T. HOWARD ST., POCOMOKE CITY, Md.  INTERVAL SETWEEN  ONDER TAIL DEATH WAS CAUSED BY.  INTERVAL SETWEEN  ONDER TAIL DEATH WAS CAUSED BY.  INTERVAL SETWEEN  ONDER CONTRIBUTING COURS OF DEATH  INTERVAL SETWEEN  ONDER CONTRIBUTION COURS OF DEATH  INTERVAL SE		R.F.D. #	<del>\$</del> 2		R	.F.D.	#2					
Conditions, if any, which of ever could be to correct (c), using fine to (a), (b), and (c)	3. NAME OF DECEASED			Middle	La		4. DATE	Man	th	De	oy '	Year
Dec. 23, 1879   Test britages   Dec. 24, 1879   Test britage	(Type or print)				HOWAR	)	DEATH		ry	1	.5	19 59
DIVORCED DEC. 23, 1879 79 79.  100. USUAL OCCUPATION (Give kind of work done of the property o	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	4		9. AGE (In years last birthday)		_	1	
B. FATHER'S NAME  JOHN MILLET  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course pen line for (o), (b), and (o)]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate code (a), toling like under (b)  Typing course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 178 WAS AUTOPSY  YES OO. ACCIDENT WAS UNDERLYING (COUNTY) (County) (Stole)  TO. ACCIDENT WAS UNDERLYING (COUNTY) (FOR INDIVIDUAL CAUSE (o) (County) (County) (Stole)  TO. ACCIDENT WAS UNDERLYING (COUNTY) (FOR INDIVIDUAL CAUSE (o) (County) (County) (Stole)  TO. ACCIDENT WAS UNDERLYING (COUNTY) (FOR INDIVIDUAL CAUSE (o) (County) (County) (Stole)  TO. ACCIDENT WAS UNDERLYING (County) (C						3, 18	379		Mailins	Cays	Hours	Will.
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. MOTHER'S MAIDEN NAME   17. MOTHER'S MAIDEN NAME	10a. USUAL OCCUPA during most af w	TION (Give kind af work dorking life, even if retired)	one 10b. KINI	OF BUSINESS OR IND				ountry)	12. C			COUNTRY
John Miller  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse payline for (o),/b), and (o)]  PART I. DEATH WAS CAUSE OF DEATH [Enter only one couse payline for (o),/b), and (o)]  PART II. DEATH WAS CAUSE OF DEATH [b)  Conditions, if any, which gover rise to immediate coefs (o), tolong the under:  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PREFORMATED?  YES ON ACCIDENT WAS UNDERLYING [C]  20a. ACCIDENT WAS UNDERLYING [C]  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  21. I certify that I attended the deceased from left of work of lower of work		Wlie		***						USA		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? ITYRA, or without of service of control of the contr					14. MOTHER'S	MAIDEN	NAME					
Test						/ Ett	ta Gil		117			
18. CAUSE OF DEATH [Enter only one coure per line for (o), (b). and (o)   PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   CARE WAS CAUSED BY:   MMEDIATE CAUSE (o)   CARE WAS CAUSED BY:   MMEDIATE CAUSE (o)   CARE WAS CAUSED BY:   MMEDIATE CAUSE (o)   CARE WAS CAUSED BY:   MMEDIATE CAUSE (o)   CARE WAS CAUSED BY:   DUE TO   Conditions, if any, which gave rise to immediate cotive (o), stoling the under lying couse lost.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IF WAS AUTOPSY PERFORMED?   YES   NO       PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IF WAS AUTOPSY PERFORMED?   YES   NO       YES   NO       20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER WAS AUTOPSY PER ORDER OF COMMENT OF COUNTY) (State)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER NOTHER NOTHER MEDICAL EXAMINER)   OF CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER	(Yes, no. or unknown)	VER IN U. S. ARMED FORC	ES? 16. SOC						111			
PART I. DEATH WAS CAUSED BY.    MMEDIATE CAUSE (a)   Careful   Cause   C			220-	J- / - J	W. T. H	oward	i Sr.	, Pocom	oke	Cit	y, h	Md.
DUE TO  Conditions, if any, which gave rise to immediate cotise (a), storing the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. WAS AUTOPSY PERFORMED?  YES DO DO CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO AUSE OF DEATH OF CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TOP TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TOP TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TOP TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TOP TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TOP TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 199. YES NO			se per line fo	r (o), (b), and (a)		1				INT	ERVAL BE	TWEEN
Conditions, if any, which gave rise to immediate case (a), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour o, m.  p. m.  19 of work of w	DO LAN	IMMEDIATE CAUSE (a)	Cere	was X	emour	nac	Ve-			5	an	UR
The state of the s	331%	DUE TO	11	2. 1/		0		,		100		1
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20a. ACCIDENT WAS UNDERLYING DORATH OF CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While of work of		101.	Ce	regras	Merci	HIL	eso	ous_			upe	ar
20a. ACCIDENT WAS UNDERLYING DORATH OF CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While of work of	PART II. C	THEK SIGNIFICANT COND	THONS CON	RIBUTING TO DEATH BU	I NOT RELATED TO	THE TERM	INAL DISEASE	E CONDITION GIV	EN IN PA	RT 1(a)	PERFO	RMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of work of twork of twork of twork of twork of twork of twork of two	S ACCIDENT	MAS LINIDEBLVING TO	ON DECCRIO	HOW MINIST OCCUPA	FD 45		D	H - 6 2 - 10 1			YES 🗌	NO 🗌
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of work of twork of twork of twork of twork of twork of twork of two	OR CONTRIBUTION	S CAUSE OF DEATH	ZVD. DESCRIBE	HOW INJUST OCCUR	ED. (Enter nature o	injury in	Part I ar Part	II at item IB.)				
21. I certify that I attended the deceased from Dept 1, 158, to 19,59, that I last saw the decease alive an 19,7, and that death occurred at 4,5 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 1, 19,19, and that death occurred at 4,5 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNATURE 302 Market St. Pocomoke City, Md. 1-16-  PHYSICIAN'S Charles W. Trader  22a. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL (CREMATION, REMOVAL (Specify)  BURIAL (Specify)  Jan. 18, 1959 Baptist Cemetery Pocomoke City, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			POST INITIO	Y OCCUPPED 20e F	NACE OF INITION	dome form	206 (City			16		40
21. I certify that I attended the deceased from Dept 1, 158, to 19,59, that I last saw the decease alive an 19,7, and that death occurred at 4,5 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 1, 19,19, and that death occurred at 4,5 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNATURE 302 Market St. Pocomoke City, Md. 1-16-  PHYSICIAN'S Charles W. Trader  22a. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL (CREMATION, REMOVAL (Specify)  BURIAL (Specify)  Jan. 18, 1959 Baptist Cemetery Pocomoke City, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Haur o. m	. 10	While	Nat while f	actary, street, affic	bldg., etc	.)   201. (City	or tawn)		(County)		(State)
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ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 302 Market St. Pocomoke City, Md.1-16-  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, PEMOVAL (Specify)  Burial Jan. 18, 1959 Baptist Cemetery Pocomoke City, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS (Street, city or town, state)  DATE SIGNET  202 Market St. Pocomoke City, Md.1-16-  224. LOCATION (City, town, or county)  POCOMOKE City, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	1	that I attended the	deceased 1	ram Cleps	1920	, ta	fass.	/				
ACTUAL SIGNATURE AND	alive an	(an: 1)	_, 1927	, and that deat	h occurred at					the da		
PHYSICIAN'S Charles W. Trader  220. BURIAL CREMATION, REMOVAL (Specify) Burial  231. Bunegal Director's Signature  ADDRESS  242. Market St. Pocomoke City, Mulling (State)  243. LOCATION (City, town, or county)  (State)  244. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE	ACTUAL	Ha . O.	-101	T. 200						014		
Page (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. Date Thereof  22c. NAME OF CEMETERY OR CREMATORY  Burial  22d. LOCATION (City, town, or county)  (Stote)  Burial  23c. NAME OF CEMETERY OR CREMATORY  Pocomoke City, Maryland  23c. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE	SIGNATURE	Marke	all	pace	ALD:	302 N	arket	St.Pocom	oke	City	Ma.	T-10-
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  220. Date thereof Burial  220. NAME OF CEMETERY OR CREMATORY  221. LOCATION (City, town, or county)  222. NAME OF CEMETERY OR CREMATORY  223. LOCATION (City, town, or county)  224. LOCATION (City, town, or county)  225. Maryland  226. REC'D BY REGISTRAR  226. REGISTRAR'S SIGNATURE		Charles W.	Trader									
Burial Jan. 18,1959 Baptist Cemetery Pocomoke City, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		ION 226 DATE THEREOL	F 22	NAME OF CEMETERY	OR CREMATORY		224 LOCAT	ION (City Assets				
23. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Speci	fvl _									-	_
and the state of t			-777		Cemeter							<u>u</u>
	Thenre	1 DI Wals	(now		City Ma					- 4 -		

may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the eral director, page 3 should be delached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT VS A15 (4) 15M 9/55

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ADDRESS

22d. LOCATION (City, town, or county)

City. Md

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

Pocomoke

24o, REC'D BY REGISTRAR

DATE JAN 8

(State)

DEPUTY

VS. A15ME(5)

5M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF

Wharton . New Church.

23. FUNERAL DIRECTOR'S SIGNATURE

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-MEDICAL EXAMINER'S CERTIFICATE OF DEATH ation, Rea. Dist. No. shauld 1. PLACE OF DEATH 2. USUAL RESIDENGE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Q. STATE MARYLAND c. CITY OR-TOWN (If outside corporale limits, write RURAL-and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY IN 16 and give negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES T NO Z NAME OF DATE First Middle Year Day DECEASED OF (Type or pried 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX Hours Min. Days WIDOWED | DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 1. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY? work 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME may Pages age 5 r Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17/INFORMANT 16. SOCIAL SECURITY NO. (If yes, give or or dates of service Give 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), one (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SD PERFORMED? YES NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20c. TIME OF INJURY (Stote) 20f. (City or town) (County) factory, street, affice bldg., etc.) Hour While Not while of work of work p. m 21. I certify that I took charge of the remains described above, held on Autopsy (7). Inspection (7). Inquiry (7), and find that to the sief. death resulted from: Natural causes Accident Suicide Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER, NAME (Type) 22c. NAME OF CEMETERY OF TREMATOR 220. BURIATO CREMATION, 22b DATE THEREOF 22d. LOCATION (City Jown, or county) (Stot 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATEAN VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAD DETO STADING OF DEMINARY TARRESTS

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, Jown, or county)

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Stote)

AS VI2 (4) 12 WER 12 WER 2 WER

BURIAL, CREMATION, .22h, DATE THEREOF

FUNERAL DIRECTORS SIGNATURE

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VS A15 (4)

01338 Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO T Year Day 193 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO S (County) (Stote) ... 1957 that I last saw the deceased DAJE SIGNED

(Stote)

DATE

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